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TO: U.S. Patent and Trademark Office

TELEFAX #: (571) 273-8300

ATTENTION:

DATE: November 7, 2005

TIME: 3:25 p.m.

NUMBER OF PAGES: 12 total page(s) (including this cover)

FROM: Rochelle Lieberman, Esq.

RE: Application Serial No.: 10/649,269
Attorney Docket No.: BEA9-2003-0002-US1

DESCRIPTION: Preliminary Amendment

COMMENT:

BEST AVAILABLE COPY

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| Voice Confirmation Required: | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| Original to Follow by Mail/Courier: | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |

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PATENT

Atty. Docket No.: BEA9-2003-0002-US1

CERTIFICATION OF TRANSMISSION

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Office, Fax No. (571) 273-8300 on November 7, 2005.

*11/7/2005**Rochelle Lieberman*

Date of Deposit

Rochelle Lieberman

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Rao et al.

SERIAL NO.: 10/649,269

Group Art Unit: 2184

FILING DATE: August 27, 2003

Examiner:

FOR: Reliable Fault Resolution
In A ClusterAMENDMENT TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed is a preliminary amendment in the above-identified patent application.

[x] An additional fee is required, and is calculated as shown below:

FEE CALCULATION TABLE

| | NO. OF CLAIMS | HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR | EXTRA CLAIMS | RATE | ADDT'L FEE |
|-----------------------------------------------------------|---------------|-------------------------------------------|--------------|-----------|------------|
| Total Claims | 31 | MINUS 20 = | 11 | x \$50 = | \$550 |
| Independent Claims | 5 | MINUS 3 = | 2 | x \$200 = | \$400 |
| If Amendment adds multiple dependent claims, add \$360.00 | | | | | |

| | |
|------------------------------------------------------------------------|--------------|
| Total Amendment Fee | \$950 |
| If small entity status is claimed, subtract 50% of Total Amendment Fee | |
| TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT | \$950 |

Payment Authorization:

A credit card payment form in the amount of \$950.00 made payable to "Commissioner of Patents and Trademarks" to cover the filing fee is also enclosed. Please stamp the postcards indicating the serial number assigned to this patent application.

Deposit Account Authorization:

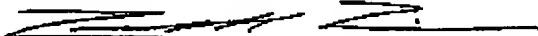
Please charge Deposit Account No. 501336 in the amount of \$0.00. A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 501336. A duplicate copy of this sheet is enclosed.

Any additional filing fees required under 37 C.F.R. §1.16.

Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,

By: 

Rochelle Lieberman
Registration No. 39,276
Attorney for Applicant

Lieberman & Brandsdorfer, LLC
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Date: November 7, 2005

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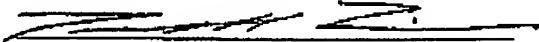
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Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,

By: 

Rochelle Lieberman
Registration No. 39,276
Attorney for Applicant

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In re application of: Rao et al.

SERIAL NO.: 10/649,269

Group Art Unit: 2184

FILING DATE: August 27, 2003

Examiner:

FOR: Reliable Fault Resolution In A Cluster

PRELIMINARY AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Prior to examination please amend the above-identified patent application and give consideration to the following remarks with respect to the above-identified patent application as follows:

11/08/2005 TL0111 00000022 10649269

01 FC:1201
02 FC:1202400.00 OP
550.00 OP